

Ellsworth Fire Department

From the desk of Inspector Michael Hange
1 City Hall Plaza ♦ Ellsworth, ME 04605-1942
Phone (207) 667-4910 ♦ Fax (207) 669-6618
mhangge@ellsworthmaine.gov
www.ellsworthmaine.gov

FIRE ALARM
PERMIT APPLICATION

Name of the Business: _____
Address Line 1 _____
Address Line 2 _____
City _____ State _____
Type of Business: _____

Phone: _____
Fax: _____

Facility Contact Information

Primary Contact: Name: _____
Address: _____
Address Line 2: _____
City _____ State _____

Phone: _____
Cell: _____
Fax: _____
Email: _____

Secondary Contact: Name: _____
Address: _____
Address Line 2: _____
City _____ State _____

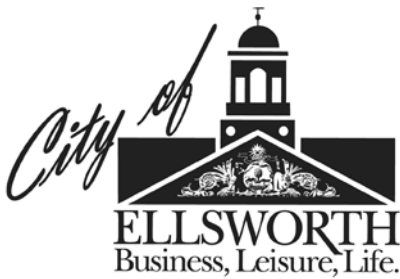
Phone: _____
Cell: _____
Fax: _____
Email: _____

Third Contact: Name: _____
Address: _____
Address Line 2: _____
City _____ State _____

Phone: _____
Cell: _____
Fax: _____
Email: _____

Building Owner: Name: _____
Address: _____
Address Line 2: _____
City _____ State _____

Phone: _____
Cell: _____
Fax: _____
Email: _____



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**FIRE ALARM
PERMIT APPLICATION**

Fire Alarm Company performing; Installation / Testing /Maintenance

Name of Fire Alarm Company: _____
Fire Alarm Company Contact person: _____
Address: _____
City: _____ ST: _____
Phone: _____
Fax: _____

Fire Alarm Company Technician(s) performing; Installation / Testing / Maintenance

Name of Technician: _____
NICET Level and NICET #: _____
Other Qualifications: _____

Name of Technician: _____
NICET Level and NICET #: _____
Other Qualifications: _____

(Note, *Technicians* must show or submit proof of their qualifications to perform work on the fire alarm system that is being permitted.)

Other Installation Contractor

Company Name: _____
Company Contact person: _____
Address: _____
City: _____ ST: _____
Phone: _____
FAX: _____

Fire Alarm System to be; Installed / Tested / Maintenance Work

Manufacture of Fire Alarm System: _____
Model number of Fire Alarm System: _____
Serial Number of Fire alarm System: _____
Type of Fire Alarm System: _____
Make of Dialer for Fire Alarm System: _____
Model # of Dialer for Fire Alarm System: _____
Type of Dialer for Fire Alarm System: _____
Date when work is to begin: _____
Date when work is to be completed: _____
Certificate of Completion Date: _____

Monitoring Company

Name: _____
Contact Person: _____
Address: _____
City: _____ ST: _____
Phone: _____
FAX: _____

DETAILED DOCUMENTATION OF ALL WORK PERFORMED, SHALL BE SUBMITTED TO THE ELLSWORTH FIRE DEPARTMENT WITHIN 24 HOURS OF THE COMPLETION OF WORK.